



Level of Care: In-patient Same-day Out-patient **Mitomycin for Bladder Instillation Order Form**

Start Date of This Order: ____/____/____

Diagnosis: Bladder Cancer

Regimen/Reference: JNCI. 2001; 93(8).

Allergies: _____

Labs: Date drawn _____
 HCT: _____ WBC: _____ PLT: _____
 BUN: _____ CREAT: _____ Other: _____

Give Treatment: (check one)
 If lab work meets the following parameters:

Based on / Despite reviewed lab work of:
 ____/____/____ (list lab results if different than above)

Lab work not applicable

Drug Regimen: Drug, Dose/m² or kg, Route, Schedule, and Duration

Cycle # _____ **Date last given:** ____/____/____

1. **Mitomycin 40mg in 20ml (2mg/ml) via bladder instillation**

2.

3.

4.

5.

Dose Adjusted? Yes No **Percent Adjusted:** _____ % (reduction)

Rationale for Adjustment:

Signature	Date	Time
MD _____	____/____/____	____:____
RN #1 _____	____/____/____	____:____
RN #2 _____	____/____/____	____:____
R.Ph. #1 _____	____/____/____	____:____

PRN & PREMEDICATIONS:

HYDRATION ORDERS: (PRE CHEMO, DURING, AND POST CHEMO FLUIDS)

1. **DRUG: Mitomycin DOSE: 40mg ROUTE: Intravesicular**

FREQUENCY: Once

INSTRUCTIONS: For bladder instillation

2. **DRUG: DOSE: ROUTE:**

FREQUENCY:

INSTRUCTIONS:

3. **DRUG: DOSE: ROUTE:**

FREQUENCY:

INSTRUCTIONS:

4. **DRUG: DOSE: ROUTE:**

FREQUENCY:

INSTRUCTIONS:

5. **DRUG: DOSE: ROUTE:**

FREQUENCY:

INSTRUCTIONS: